

Barton

UNITED STATES DISTRICT COURT

DISTRICT OF *Mass.**Joseph Marion Head Junior*

Plaintiff

Atonie Oney, Defendant*David L. Nivin*, Defendant

Defendant

APPLICATION TO PROCEED IN
FORMA PAUPERIS, SUPPORTING
DOCUMENTATION AND ORDER

CASE NUMBER:

I, *Joseph Marion Head Junior*, declare that I am the (check appropriate box)
☒ Petitioner/plaintiff/movant ☐ Other

In the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, cost or give security therefore, I state that because of my poverty, I am unable to pay the costs of said proceeding or give security therefore; that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or the issues I intend to present on appeal are briefly stated as follows:

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration *Fed. Med. Center Devens*

Are you employed at the institution? *No* Do you receive any payment from the institution? *No*

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you presently employed? ☐ Yes ☒ No

a. If the answer is "yes," state the amount of your take home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "no," state the date of last employment and the amount of your take home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 months have you received any money from any of the following sources?

- | | | |
|-----------------------------------------------------|------------------------------|-----------------------------|
| a. Business, profession or other of self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*See Prison and
Court
Records*

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash or checking or savings account? ☐ Yes ☐ No
If "Yes" state the total amount See Prison and Court Records
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☐ No See Prison and Court Records
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.
None

I declare under penalty of perjury that the above information is true and correct.

3-26-04

DATE

Joseph Montano Junior

SIGNATURE OF APPLICANT

Order Fed. Med. Center Denies Provide This Information

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at (name of institution) _____

I further certify that the applicant has the following securities to his/her credit _____

_____. I further certify that the past six months the applicant's average balance was _____

DATE

SIGNATURE OF AUTHORIZED OFFICER